



|  |                         |            |
|--|-------------------------|------------|
| <b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number      | 10000000   |
|  | Filing Date             | 09/01/2006 |
|  | First Named Inventor    | 000000     |
|  | Applicant               | 1000       |
|  | Examiner Name           | 10000000   |
|  | Attorney Contact Number | 10000000   |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number

OR

|  |       |        |  |
|--|-------|--------|--|
| <input type="checkbox"/> Individual Name |       |        |  |
| Address                                  |       |        |  |
| City                                     | State | Zip    |  |
| Country                                  |       |        |  |
| Telephone                                | Area  | Number |  |

am the:

☐ Applicant/Inventor

☒ Assignee of record at the extra interest. See 37 CFR 3.71, Statement under 37 CFR 3.73, and of record (Form PTO/SB-35)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

For more information, please contact the Office of Intellectual Property Examination (OIPE) at 1-800-PTO-9199 and select option 2.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.